

➤ **What did your child/you like most about our Breakfast Program?** _____

➤ **What did your child/you like least about our Breakfast Program?** _____

Part 4 - Other Questions about Food Programs

➤ **What would your family find most useful? Please check all you are interested in.**

	Not Useful At All				Very Useful
Breakfast Program	1	2	3	4	5
Lunch Program	1	2	3	4	5
Snack Program	1	2	3	4	5

➤ **Would you be able/willing to volunteer for these programs if required?**

Yes No

If Yes, how often and which one? _____

➤ **Would you support/participate in fund-raising efforts to subsidize an expanded food program?**

Yes No

Your comments and suggestions are important. Please feel free to make any additional comments that may be useful to the school regarding food choices at our school.

Name (optional) _____

Contact Information:

Adapted from: the West Kent Elementary School Survey

March 2005

